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ABSTRACT

This instructional module on psychological aspects of aging is one in a block of 10 modules designed to provide the human services worker who works with older adults with basic information regarding the aging process. An introduction provides an overview of the module content. A listing of general objectives follows. Six sections present informative material on each of the six objectives. Topics are cognitive functions (intelligence, learning, memory), organic brain deterioration, psychotic brain deterioration, personality disorders, anxiety disorders, and depression disorders. Other contents include a summary and listings of selected readings and additional resources. (YLB)

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BLOCK A

Basic Knowledge of the Aging Process

MODULE A·7

Psychological Aspects of Aging

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Elderly Service Workers' Training Project

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PSYCHOLOGICAL ASPECTS OF AGING
MODULE A.7

THE ELDERLY SERVICE WORKERS' TRAINING PROJECT WISHES TO EXPRESS APPRECIATION OF THE FOLLOWING INDIVIDUALS WHO HAVE CONTRIBUTED TO THE DEVELOPMENT OF THE "PSYCHOLOGICAL ASPECTS OF AGING" MODULE.

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INTRODUCTION

MANY PEOPLE GROW OLDER AND WISER. SOME MAKE BETTER USE OF THEIR WISDOM THAN DO OTHERS. THE PHYSIOLOGY MODULE POINTED OUT THAT BRAIN POWER DOES NOT LESSEN AUTOMATICALLY WITH AGE. WHAT DOES CHANGE IS THE SPEED OF THE OLDER ADULT'S RESPONSES, NOT THE ABILITY TO RESPOND.

SENILITY, OFTEN THOUGHT OF AS MENTAL FEEBLENESS, IS NEITHER NATURAL NOR AUTOMATIC IN THE OLDER ADULT.

OLDER ADULTS MAY TAKE LONGER TO LEARN NEW INFORMATION, BUT THEY CAN LEARN IT.

GOOD BRAIN ACTIVITY (CALLED MENTAL FUNCTIONING) SEEMS TO BE BEST IF THE PERSON KEEPS ACTIVE. THIS IS TRUE FOR ALL BODY PARTS. WHAT THE PERSON LOSES IN SPEED, ONE MAY MAKE UP IN BETTER REASONING AND WORD USAGE. SUCH GAINS DEPEND, HOWEVER, ON THE BRAIN'S USE AND HEALTH. THESE PRINCIPLES ARE TIMELESS. THEY ARE AS TRUE FOR THE 20 YEAR OLD AS THEY ARE FOR THE 70 YEAR OLD.

DESPITE THESE FACTS, ONE UNFORTUNATELY SEES MANY OLDER ADULTS WHO ARE DEPRESSED, ANXIOUS, AND WITH LOSS OF BRAIN POWER. WHY IS THIS SO?

THERE ARE MANY DISEASES AND PERSONALITY PROBLEMS THAT START IN EARLY YEARS BUT HAVE THEIR GREATEST EFFECT IN LATER LIFE. THESE DISEASES AND CONDITIONS CAN BE DIVIDED INTO "ORGANIC" (CELL STRUCTURE) DISEASE, "PSYCHOTIC" DISEASE, PERSONALITY DISORDERS, AND ANXIETY AND DEPRESSION STATES.

THIS MODULE BEGINS BY TAKING A LOOK AT SOME OF THE BASIC COGNITIVE FUNCTIONS OF AN INDIVIDUAL AND EXPLAINS HOW THEY RELATE TO THE OLDER ADULT.

THE REMAINDER OF THIS MODULE LOOKS AT SOME OF THE TYPES OF DISEASES THAT INTERFERE WITH NORMAL BRAIN ACTIVITY IN THE OLDER ADULT.

GENERAL OBJECTIVES

UPON COMPLETION OF THIS MODULE, YOU WILL BE ABLE TO:

(1) DESCRIBE SOME OF THE BASIC COGNITIVE FUNCTIONS: INTELLIGENCE, LEARNING AND MEMORY AND HOW THEY RELATE TO THE OLDER ADULT.

(2) DESCRIBE ORGANIC BRAIN DETERIORATION (DISEASE).

(3) DESCRIBE PSYCHOTIC BRAIN DYSFUNCTION.

(4) DESCRIBE PERSONALITY DISORDERS.

(5) DESCRIBE ANXIETY DISORDERS.

(6) DESCRIBE DEPRESSION DISORDERS.

THE FOLLOWING SECTION WILL PRESENT SOME BASIC COGNITIVE FUNCTIONS: INTELLIGENCE, LEARNING AND MEMORY AND HOW THEY RELATE TO THE OLDER ADULT.

COGNITIVE FUNCTIONS

UPON COMPLETION OF THIS SECTION, YOU WILL BE ABLE TO DESCRIBE SOME OF THE BASIC COGNITIVE FUNCTIONS: INTELLIGENCE, LEARNING AND MEMORY AND HOW THEY RELATE TO THE OLDER ADULT.

INTELLIGENCE

INTELLIGENCE REFERS TO A PERSONS POTENTIAL AND ACTUAL ABILITIES. THERE IS NO ONE DEFINITION OF INTELLIGENCE THAT IS MUTUALLY AGREED UPON BY EVERYONE, NOT EVEN THE ONE SUGGESTED ABOVE. WHAT IS SUGGESTED THOUGH, IS THE IMPLICATION THAT INTELLIGENCE INVOLVES A COMPLEX AND DIVERSE SET OF YET TO BE DISCOVERED AND ALREADY DEVELOPED ABILITIES.

SOME PEOPLE PREFER THE THEORY THAT THESE ABILITIES ARE PRESENT IN ALL OF US AT BIRTH AND DECREASE STEADILY FROM EARLY ADULTHOOD. WITH REGARD TO LEARNING ABILITIES, IT IS GENERALLY BELIEVED THAT THESE ABILITIES DECREASE RAPIDLY FROM MIDDLE AGE. THE ABILITY TO RESPOND QUICKLY IS ALSO AFFECTED BY AGE AND IS BELIEVED TO DECREASE RAPIDLY FROM MIDDLE AGE AS WELL.

HOWEVER, THE OTHER BELIEF RELATES TO WHAT IS LEARNED IN A GIVEN CULTURE, AND THIS ABILITY IS THOUGHT TO IMPROVE ALL THROUGH ADULTHOOD WITH ONLY A SLIGHT DECLINE IN OLD AGE. EVEN THOUGH OLDER ADULTS MAY TAKE LONGER TO LEARN AND RESPOND, THEY ARE JUST AS EFFECTIVE. IN OTHER WORDS, IF ONLY A SLIGHT DECLINE IN OLD AGE OCCURS, THE OLDER ADULT OFTEN COMPENSATES FOR THIS WITH A SENSE OF RESPONSIBILITY, EXPERIENCE OR SIMPLY BY BEING PERSISTENT.

LEARNING

TO LEARN IS TO ACQUIRE KNOWLEDGE OR SKILLS. THERE ARE MANY FACTORS INVOLVED IN LEARNING, SOME OF WHICH INCLUDE: SELF-CONCEPT, EXPERIENCE, READINESS TO LEARN AND ORIENTATION TO LEARNING.

IN THE PAST, MOST OF THE ASSUMPTIONS ABOUT LEARNING WERE DIRECTED TOWARD THE TEACHING OF VERY YOUNG CHILDREN AND DID NOT CONSIDER THE LIFE-SPAN OF INDIVIDUALS. (FOR MORE INFORMATION ON THE LIFE-SPAN OF INDIVIDUALS, SEE THE HUMAN DEVELOPMENT ASPECTS OF AGING MODULE)

THUS, IT WAS BELIEVED THAT MUCH OF THE KNOWLEDGE AND SKILLS TAUGHT TO CHILDREN THEN, WOULD LAST A LIFETIME. LITTLE WAS KNOWN ABOUT HOW ADULTS LEARN, AND SOCIETIES ATTITUDES TOWARD THE LEARNING ABILITIES OF OLDER ADULTS DID NOT ENCOURAGE THEM TO CONTINUE LEARNING. (STEREOTYPES OF AGING MODULE PROVIDES MORE

INFORMATION REGARDING SOCIETIES' BELIEFS TOWARD OLDER ADULTS.)

TODAY, HOWEVER, MUCH MORE IS KNOWN ABOUT ADULT LEARNING AND MANY OF THE STEREOTYPES DIRECTED TOWARD THE LEARNING ABILITIES OF OLDER ADULTS ARE CHANGING. THE NEW ASSUMPTIONS ABOUT LEARNING ARE DIRECTED TOWARD THE CONTINUING LEARNING (LEARNING TO LEARN THROUGHOUT LIFE) OF ALL INDIVIDUALS REGARDLESS OF AGE.

IN GENERAL, THIS NOTION IS BASED ON THE BELIEF THAT THE ABILITY AND INTEREST IN CONTINUING LEARNING IS THE ONLY DEVICE PEOPLE HAVE TO ADJUST TO AND COPE WITH WHEN THEY ARE CONFRONTED WITH CHANGES AT ANY STAGE OF LIFE. LEARNING IS SEEN AS A LIFELONG ACTIVITY. OLDER ADULTS MAY BE SLOWER TO LEARN BUT OFTEN COMPENSATE FOR THIS WITH THE KNOWLEDGE THEY HAVE ACCUMULATED OVER THE YEARS AND LIFE EXPERIENCES.

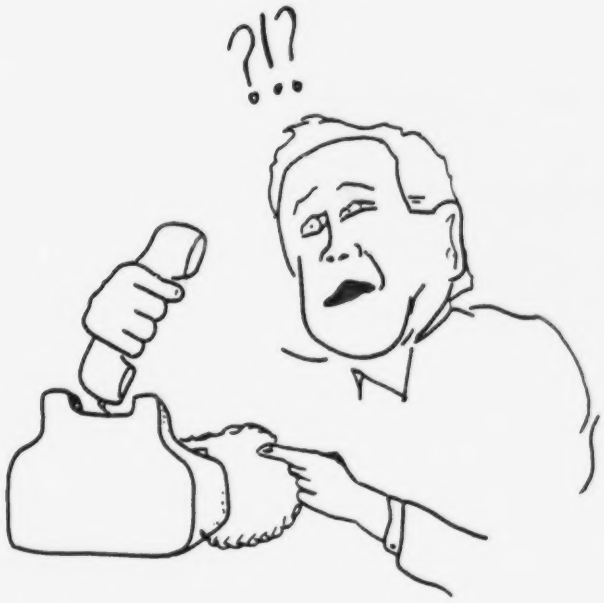
THE FOLLOWING IS A LIST OF SOME OF THE BASIC LEARNING PRINCIPLES, THAT ARE BASED ON THE NEW ASSUMPTIONS OF CONTINUING LEARNING:

1. WE ALL HAVE THE NATURAL ABILITY TO LEARN.
2. OUR MOTIVATION TO LEARN MORE IS INCREASED WHEN WE SEE HOW THE CONTENT/INFORMATION APPLIES TO OUR IMMEDIATE AND DAY-TO-DAY LIVING NEEDS.
3. WE LEARN PRIMARILY BY DOING.
4. LEARNING BECOMES EASIER WHEN WE PARTICIPATE RESPONSIBLY.
5. WE CAN OVERCOME INDIVIDUAL AND SPECIFIC LEARNING DIFFICULTIES WHEN WE LEARN TO BE MORE "OPEN" TO SUGGESTIONS FROM OTHERS AND OUR FRIENDS.
6. IT APPEARS THAT LEARNING BECOMES MORE INTERESTING TO US WHEN IT IS STARTED ON OUR OWN AND WHEN WE HAVE BEEN SUCCESSFUL AT LEARNING BEFORE.
7. REINFORCING AND ENCOURAGING LEARNERS AS NEEDED MAY PREVENT A BUILD UP OF FUTURE LEARNING ERRORS.

MEMORY

MEMORY RELATES TO RETENTION OF INFORMATION PRESENTED AT A SPECIFIC TIME. IT ALSO RELATES TO FORGETTING OR THAT PORTION OF INFORMATION PRESENTED AT A SPECIFIC TIME THAT WAS FORGOTTEN OR LOST BY THE INDIVIDUAL.

IT IS NOT A SIMPLE TASK TRYING TO DETERMINE WHETHER A PERSON HAS INDEED REMEMBERED THE INFORMATION ORIGINALLY PRESENTED OR WHETHER THE PERSON IN FACT EXPERIENCED MEMORY LOSS. WE MUST BE CAREFUL IN ARRIVING AT CONCLUSIONS OR BEING QUICK TO PASS JUDGEMENTS.



For example, the inability to remember a task or information does not necessarily mean the inability to learn a task. Often, the lack of available time and practice at a particular task may result in forgetting. Information or skills learned at the time do not necessarily mean they will be remembered 10 years later, if they are not exercised. As well, if other information is being acquired by the learner in other situations, the act of remembering may be more difficult.

When speaking about older adults, there is evidence in the research literature to show that with a majority of older adults, there is no serious memory loss. In fact, because older adults have accumulated more memory cues, they may be more proficient at recognizing tasks.

Memory loss can also be a result of disease or medication and with treatment it may be improved. It may be that a portion of the forgetting has little to do with psychological events but is physiological in nature. (Further discussed in the Physiological Aspects of Aging Module) Slight memory loss may also be improved with training or exercising it. In short, to retain memory, it must be exercised. Once again the proverb: USE IT OR LOSE IT...

THE FOLLOWING SECTION WILL PRESENT "ORGANIC" BRAIN DETERIORATION (DISEASE).

ORGANIC BRAIN DETERIORATION

UPON COMPLETION OF THIS SECTION, YOU WILL BE ABLE TO DESCRIBE ORGANIC BRAIN DETERIORATION (DISEASE).

THE WORD "ORGANIC" REFERS TO CELLS AND THEIR STRUCTURE. SOMETIMES BRAIN CELLS BEGIN TO FAIL AND DIE. THIS IS CALLED "ORGANIC" BRAIN DISEASE, (DETERIORATION OR DEATH). THREE REASONS FOR ORGANIC BRAIN DISEASE ARE:

- BRAIN CELL DISEASE MAY OCCUR BECAUSE OF A DISEASE INHERITED FROM ONE'S FAMILY. "HUNTINGTON'S CHOREA" IS AN EXAMPLE OF AN INHERITED (GENETIC) DISORDER. ITS SYMPTOMS MAY APPEAR IN THE 30'S.

- BRAIN CELL DETERIORATION MAY ALSO HAPPEN BECAUSE OF WHAT ONE DID IN THE EARLIER YEARS. ALCOHOL BRAIN SYNDROME AND SYPHILITIC BRAIN DISEASE ARE EXAMPLES OF DISEASES THAT ARE ACQUIRED THROUGH EARLIER LIFESTYLE HABITS.

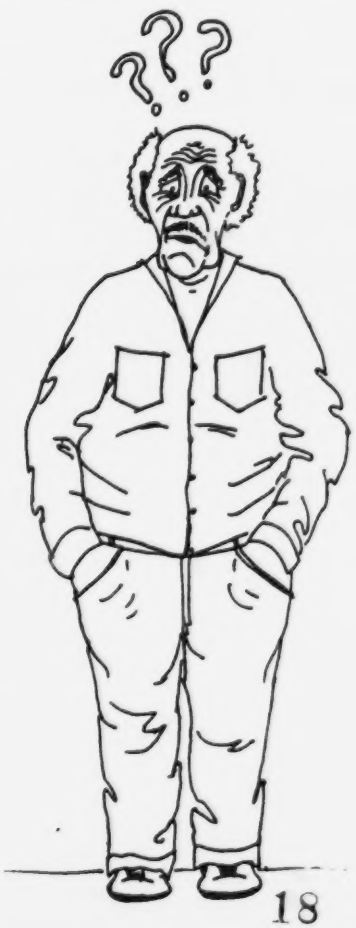
- A THIRD REASON FOR ORGANIC BRAIN DISEASE IS LOOSELY CALLED "UNKNOWN". SCIENCE IS AS YET UNABLE TO EXPLAIN WHY SOME PEOPLE DEVELOP ALZHEIMER'S DISEASE.

WHATEVER THE REASON, ALL THESE DISEASES INVOLVE DESTRUCTION OF BRAIN CELLS AND LOSS OF NORMAL ABILITIES.

IT IS IMPORTANT TO REMEMBER THAT THESE DISEASES ARE NOT RESTRICTED TO THE OLDER ADULT. THEY MAY APPEAR AT ANY AGE. IN FACT, MOST OF THE DISEASES THAT MAKE LIFE MISERABLE FOR THE OLDER ADULT REALLY STARTED YEARS EARLIER.

IT IS IMPORTANT TO BE AWARE OF THE CHANGES THAT ARE SEEN IN PEOPLE WHO SUFFER FROM ORGANIC BRAIN DISEASE.

THE BEHAVIOUR MOST OFTEN RELATED TO ORGANIC BRAIN DISEASE IS <u>CONFUSION</u>. THE PERSON SUDDENLY FORGETS WHERE ONE IS AND WHAT ONE WAS TALKING ABOUT. EVERYONE HAS OCCASIONAL LAPSES IN THOUGHT. IN ORGANIC BRAIN DISEASE, IT IS A REGULAR OCCURRENCE.



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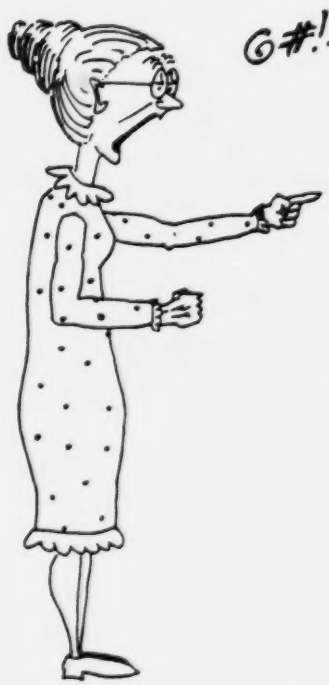
ANOTHER COMMON PROBLEM IS A SEVERE LOSS OF RECENT PERSONAL MEMORY. EVENTS OF 50 HOURS AGO ARE CRYSTAL CLEAR; YESTERDAY'S VISITORS ARE TOTALLY FORGOTTEN.

A SYMPTOM THAT CAUSES PROBLEMS AND EMBARRASSMENT FOR THE PERSON SUFFERING FROM ORGANIC BRAIN DISEASE IS THE AFFECTED PERSON'S ERRATIC OUTBURSTS OF INAPPROPRIATE EMOTIONS AND BEHAVIORS. ONE MAY ACT SILLY AND CHILDISH AND EXHIBIT SEXUAL ACTIVITIES SUCH AS UNDRESSING OR MASTURBATION IN PUBLIC. THESE EVENTS CAN BE DONE BY THE MOST PRIM AND PROPER PERSON. MARKED USE OF SWEAR WORDS OR VULGAR OUTBURSTS BY SOMEONE WHO DID NOT PREVIOUSLY USE SUCH LANGUAGE CAN BE ANOTHER SIGN OF ORGANIC BRAIN DISEASE.



THE CHANGES OF MEMORY AND BEHAVIOUR ARE NEW AND ABNORMAL IN A PERSON WHO PREVIOUSLY ACTED PROPERLY AND APPROPRIATELY. THE APPEARANCE OF THESE CHANGES ARE SIGNS OF DISEASE. THEY NEED TO BE SEEN AS SUCH. THE PERSON IS IN NO WAY TO BLAME FOR THEIR ACTIVITIES. THEY CANNOT HELP IT AND MAY EVEN NOT BE AWARE OF THEIR OCCURRANCE.

ORGANIC BRAIN DISEASE CAN ALSO BE SEEN IN OTHER WAYS. NORMAL SLEEP ROUTINES MAY CHANGE. THE PERSON MAY SHOW A MARKED LOSS IN VIM AND VIGOUR. ON THE OTHER HAND, ONE MAY BE VERY RESTLESS.

THE PERSON OFTEN BECOMES VERY SUSPICIOUS OF OTHER PEOPLE. ONE MAY SEE OR HEAR THINGS THAT DID NOT REALLY HAPPEN (VISUAL OR AUDITORY HALLUCINATIONS). THIS ONLY SERVES TO INCREASE THE SUSPICIOUSNESS AND RESTLESSNESS.

THE PHYSICAL AND EMOTIONAL EVENTS BECOME A VICIOUS CIRCLE. ONE FEEDS ON AND WORSENS THE OTHER. LOSS OF MUSCLE TONE AND SPEECH CHANGES BECOME PART OF THE SAD PICTURE. ORGANIC BRAIN DISEASE CONTINUES TO DESTROY UNTIL IT ENDS IN DEATH.

THE FOLLOWING SECTION WILL PRESENT "PSYCHOTIC BRAIN DYSFUNCTION."

PSYCHOTIC BRAIN DYSFUNCTION

UPON COMPLETION OF THIS SECTION, YOU WILL BE ABLE TO DESCRIBE PSYCHOTIC BRAIN DYSFUNCTION.

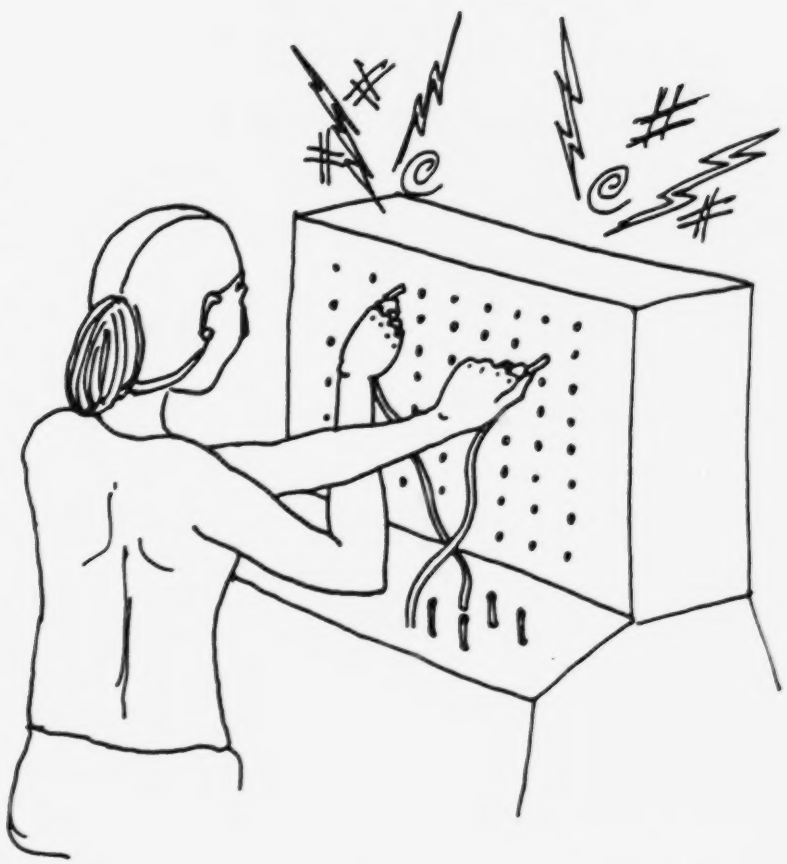
"BRAIN FUNCTION" REFERS TO HOW THE BRAIN WORKS, HOW ITS THOUGHT PATTERNS ARE CARRIED OUT. "PSYCHOTIC DYSFUNCTION" SIMPLY REFERS TO ABNORMAL THOUGHT PATTERNS. IT DOES NOT HAVE ANY KNOWN CONNECTION TO CELL STRUCTURE.

PSYCHOTIC DISORDERS DO NOT USUALLY <u>STARI</u> WITH ADVANCED YEARS. ALMOST ALL OLDER ADULTS WHO SUFFER FROM PSYCHOTIC DISORDERS HAD THE BEGINNING OF THEIR DISEASE MUCH EARLIER IN LIFE.

THERE ARE TWO GENERAL EXPLANATIONS FOR PSYCHOTIC DISORDERS. ONE EXPLANATION IS <u>"PHYSIOLOGIC MALFUNCTION"</u> WHICH REFERS TO ABNORMAL WORKINGS. REMEMBER, IN THE PHYSIOLOGY MODULE THERE IS A CLEAR DISTINCTION MADE BETWEEN HOW A BODY PART IS MADE (ORGANIC) AND HOW IT WORKS (PHYSIOLOGY). PERHAPS IT WORKS INCORRECTLY BECAUSE OF A CHEMICAL MISTAKE OR BECAUSE OF A HEREDITARY FAULT. "SCHIZOPHRENIA" IS A PSYCHOTIC DISORDER THAT SEEMS TO BE HEREDITARY. HOWEVER, OTHER FACTORS ARE INVOLVED SINCE A 'NORMAL' CHILD MAY HAVE TWO SCHIZOPHRENIC PARENTS BUT NOT BE AFFECTED WITH THE SAME

DISORDER.

SOME OF THESE "OTHER FACTORS" MAY BE RELATED TO THE CHEMICAL MAKEUP OF THE BODY. A PERSON HAS A VERY COMPLEX SYSTEM OF NERVES THAT CONNECT WITH EACH OTHER. SPECIAL CHEMICALS ARE NECESSARY AT THE "CONNECTION POINTS" IN ORDER FOR THE MESSAGE TO TRAVEL THROUGH THE NERVOUS SYSTEM. THERE MAY BE SOME ABNORMALITY IN THE CHEMICALS, CAUSING WRONG MESSAGES TO BE SENT, ENDING UP IN ABNORMAL THOUGHT PATTERNS.



THE SECOND EXPLANATION IS THAT ABNORMAL FAMILY RELATIONSHIPS MAY HAVE AFFECTED A CHILD IN THE EARLIEST YEARS. IN OTHER WORDS, WHAT HAPPENS TO A SMALL CHILD HAS A LIFELONG EFFECT. A PERSON IS A PRODUCT OF A LIFETIME OF EXPERIENCES. SOMETIMES THE DESTRUCTIVE ONES LEAVE SCARS THAT LAST A LIFETIME.

CAUSES OF PSYCHOTIC DISORDERS ARE OBVIOUSLY DIFFICULT TO UNDERSTAND. HOWEVER, IT IS IMPORTANT TO RECOGNIZE THEIR SYMPTOMS (BEHAVIOURS).

SOME OLDER ADULTS WITH PSYCHOLOGICAL PROBLEMS HAVE DIFFICULTY WITH COMMUNICATION. THIS MAY RESULT IN NOT ALWAYS MAKING SENSE AND EVENTUALLY WITHDRAWING FROM OTHERS. AS WELL, THEY MAY HAVE HALLUCINATIONS; SUFFER FROM DELUSIONS, WHICH ARE MISTAKEN VIEWPOINTS ;BE PARANOID WHICH IS A FEELING THAT OTHERS ARE OUT TO GET THEM; THEIR EMOTIONS ARE INAPPROPRIATE AND THEY MAY ALSO SUFFER FROM DESPAIR, TERROR, AND LONELINESS.

THESE BEHAVIORS AND EMOTIONS CANNOT BE LAUGHED AWAY. PEOPLE DISPLAYING THEM NEED UNDERSTANDING AND ACCEPTANCE BY THOSE AROUND THEM.

THE FOLLOWING SECTION WILL PRESENT "PERSONALITY DISORDERS".

PERSONALITY DISORDERS

UPON COMPLETION OF THIS SECTION, YOU WILL BE ABLE TO DESCRIBE PERSONALITY DISORDERS.

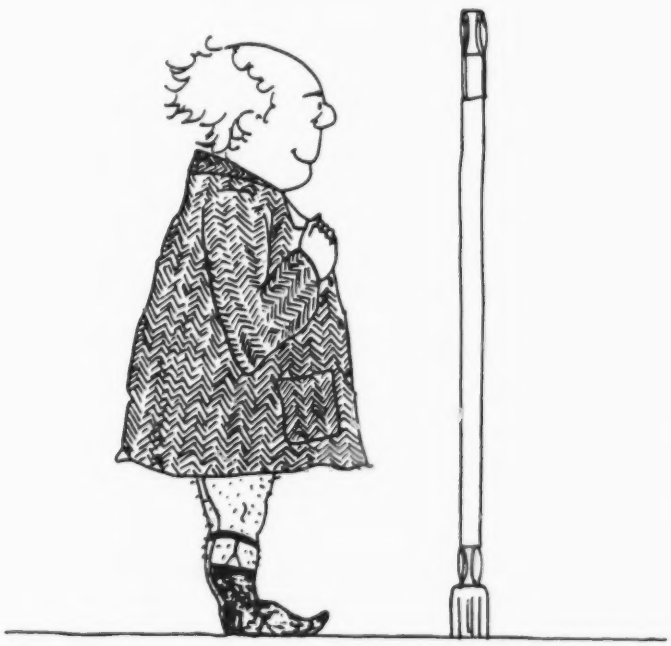
EVERYONE DEVELOPS PATTERNS OF BEHAVIOUR IN RESPONSE TO SPECIFIC SITUATIONS AND EVENTS. THEY ARE LEARNED FROM EARLIER CHILDHOOD. A SMALL CHILD CRIES UNTIL A FAMILIAR PERSON APPEARS. THE CHILD HAS LEARNED THAT CRYING LEADS TO BEING PICKED UP.

MOST BEHAVIOUR PATTERNS ARE NORMAL AND HEALTHY. THEY HELP ONE TO COMMUNICATE WITH OTHERS. ACCEPTABLE BEHAVIOR GIVES THE OWNER POSITIVE FEEDBACK. IF A LEARNED, BEHAVIOUR STARTS TO PRODUCE UNPLEASANT RESULTS, THE PERSON USUALLY CHANGES THE BEHAVIOUR WITHOUT EVEN THINKING ABOUT IT. A PERSON IS NOT OFTEN AWARE OF THEIR OWN BEHAVIOUR. AFTER ALL, IT IS VERY HARD TO SEE ONE'S SELF AS OTHERS SEE ONE.

NOT ALL PATTERNS OF BEHAVIOURS ARE GOOD OR HEALTHY. SOME PEOPLE DEVELOP PATTERNS THAT ARE NEGATIVE AND ABNORMAL. THERE IS NO PHYSICAL OR PHYSIOLOGIC REASON FOR THE ABNORMAL BEHAVIOUR. THEY ARE "LEARNED" IN A VERY COMPLEX WAY FROM EARLIEST CHILDHOOD. THEY MAY BE THE RESULT OF FAULTY FAMILY RELATIONSHIPS, FROM TOO MUCH

DISCIPLINE OR FROM TOO LITTLE. NO ONE KNOWS WHAT REALLY CAUSES THEM.

THE ABNORMAL BEHAVIOURS MAY RANGE FROM CHRONIC NAIL BITING TO DRUG ADDICTION. THE BEHAVIOURS THAT MOST SERIOUSLY AFFECT ONE'S LIFE ARE CALLED "PERSONALITY DISORDERS." WHILE PERSONALITY DISORDERS STEM FROM CHILDHOOD, THE GREATEST DIFFICULTIES MAY OCCUR IN LATER LIFE. IT IS FOR THIS REASON THAT THEY ARE INCLUDED IN THIS MODULE.



ALCOHOLISM PROBABLY CAUSES THE GREATEST PROBLEMS FOR THE OLDER ADULT. THE YOUNG ALCOHOLIC MAY WELL NOT LIVE UNTIL OLD AGE BECAUSE OF THE DESTRUCTIVE EFFECTS OF ALCOHOL ON THE BODY OVER THE YEARS. THOSE WHO DO MAY SUFFER FROM ORGANIC BRAIN DISEASE.

A FEW OLDER ADULTS DEVELOP PROBLEM DRINKING HABITS. ALCOHOLISM IN OLDER ADULTS, CAN BE WORSENED BY LONELINESS AND ISOLATION AS A RESULT OF FRIENDS AND FAMILY DYING OR MOVING AWAY. TURNING TO ALCOHOL TO HELP ONE COPE WITH AN UNHAPPY LIFE SITUATION RESULTS IN THE DEVELOPMENT OF A WHOLE NEW SET OF PROBLEMS. ANOTHER SITUATION WHICH MAY BE ASSUMED AS A DRINKING PROBLEM MAY IN FACT BE THE INTERACTION OF CERTAIN DISEASES AND MEDICATIONS WHICH, WHEN COMBINED WITH A SMALL AMOUNT OF ALCOHOL MAY PRODUCE AN OVERREACTION.

THE FOLLOWING SECTION WILL PRESENT "ANXIETY DISORDERS".

ANXIETY DISORDERS

UPON COMPLETION OF THIS SECTION YOU WILL BE ABLE TO DESCRIBE ANXIETY DISORDERS.

ANXIETY MAY BE DEFINED AS A FEELING OF OVER - CONCERN WITH ONESELF. THIS MAY PRODUCE A SENSE OF PANIC AND EVEN PHYSICAL SYMPTOMS SUCH AS DIARRHEA.

EVERYONE HAS ANXIOUS FEELINGS AT TIMES. ABNORMAL ANXIETY IS A FEELING THAT CONTINUES AND IS NOT UNDER THE PERSON'S CONTROL.

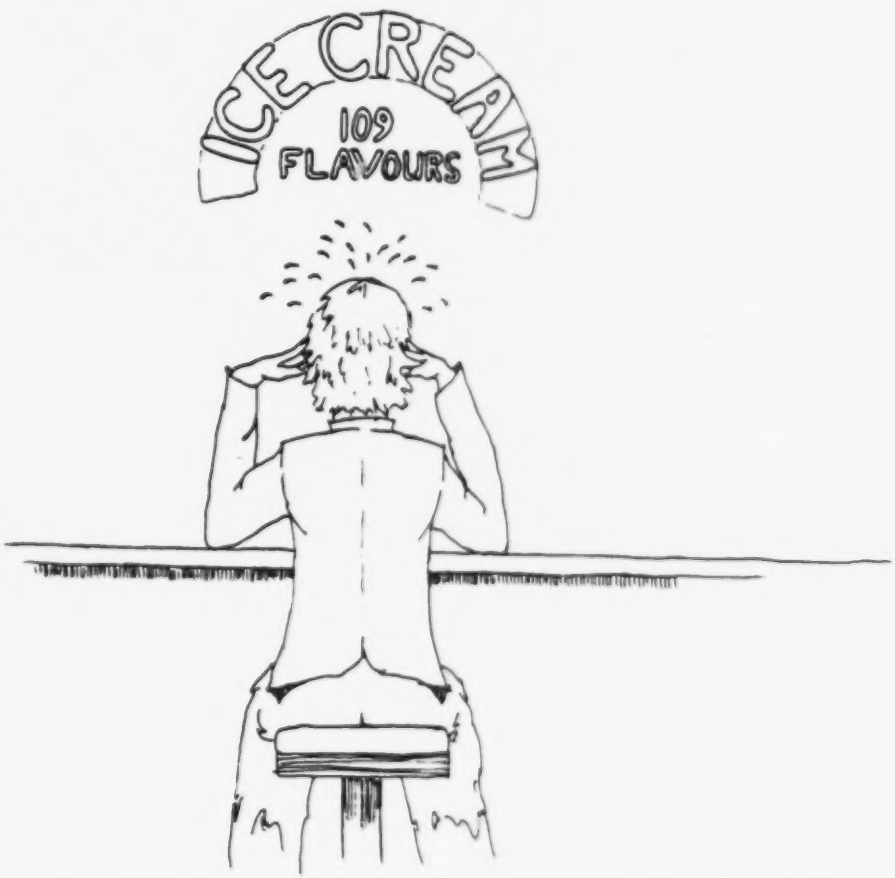
IT DOES NOT SEEM TO BE A "CARRY - OVER" FROM YOUNGER YEARS. NEITHER IS IT OFTEN A 'FIRST TIME' PROBLEM FOR THOSE OVER 65.

THERE IS A LOT OF UNCERTAINTY ABOUT HOW ANXIETY DEVELOPS. IT MAY BE EITHER A PHYSICAL OR A LEARNED RESPONSE. SOME PEOPLE DO SEEM TO HAVE AN OVER - SENSITIVE NERVOUS SYSTEM. THEY REACT TO THINGS MORE FREQUENTLY AND STRONGLY THAN OTHERS. IN THIS CASE, AGING WOULD HAVE NO BEARING ON ITS HAPPENING.

OTHER PEOPLE HOWEVER, <u>LEARN</u> TO OVERREACT AND SHOW EXAGGERATED CONCERN. THIS IS ANOTHER EXAMPLE OF THE 'BEHAVIOUR PATTERNS' TALKED ABOUT IN THE PREVIOUS SECTION. OVERREACTING TO SOMETHING AND GETTING

ATTENTION BECAUSE OF IT TEACHES THE PERSON TO OVERREACT TO MANY THINGS.

WHATEVER THE CAUSE, OVERLY ANXIOUS PEOPLE SHOW VERY SPECIFIC SYMPTOMS. THEY ARE OFTEN SEEN AS TENSE, TIMID, AND APPREHENSIVE; THEY ARE VERY SENSITIVE TO WHAT OTHERS THINK, OR WHAT THEY THINK OTHERS THINK; THEY MAY BE STOPPED BY INDECISION - UNABLE TO DECIDE WHAT TO DO, OR DO NOTHING; THEY ARE IRRITABLE AND TEARFUL FOLK AND ARE FILLED WITH FEELINGS OF INADEQUACY. THEY ARE EVEN AFRAID OF "LOSING THEIR MIND".



PHYSICAL PROBLEMS PLAGUE THESE UNHAPPY PEOPLE. THEY ARE TENSE, SO HAVE PROBLEMS SLEEPING. DURING AN ATTACK OF ANXIETY, THEIR HEARTBEAT IS MORE RAPID, BREATHING IS DIFFICULT, PUPILS ARE LARGE, THEY FEEL DIZZY, FACES FLUSH, SWEAT FLOWS, AND TRIPS TO THE BATHROOM BECOME FREQUENT.

THESE UNPLEASANT EVENTS ARE WAYS THE PERSON HAS LEARNED TO REACT TO AN ANXIOUS SITUATION. ONE MAY OR MAY NOT REALIZE THAT THEY ARE LEARNED.

DESPITE THIS, THE FEELINGS ARE VERY REAL TO THE PERSON. THEY CANNOT BE SIMPLY IGNORED OR LAUGHED AWAY. NEW HEALTHY REPONSES MUST BE LEARNED TO REPLACE THE ONES THAT CAUSE SO MUCH STRESS. THIS IS NOT AN EASY TASK. THE PERSON OFTEN NEEDS HELP FROM SPECIALLY TRAINED THERAPISTS. THEY DO ALSO NEED TOLERANCE FROM ALL THOSE AROUND THEM.

THE FOLLOWING SECTION WILL PRESENT 'DEPRESSION DISORDERS.'

DEPRESSION DISORDERS

UPON COMPLETION OF THIS SECTION, YOU WILL BE ABLE TO DESCRIBE DEPRESSION DISORDERS.

DEPRESSION IS FEELINGS OF SADNESS AND HELPLESSNESS. IT MAY BE ANGER INSIDE ONESELF.

PEOPLE OF ALL AGES CAN AND DO FEEL DEPRESSED AT TIMES. MOST PEOPLE CAN DEAL WITH IT AND RESOLVE IT. SOME, HOWEVER, ARE UNABLE TO COPE. THE DEPRESSION CONTINUES UNTIL SOMETIMES IT ENDS IN SUICIDE.

DEPRESSION SEEMS TO INCREASE AS PEOPLE AGE. THIS MAY BE DUE TO A CHANGING ENVIRONMENT, RATHER THAN A CHANGE IN BRAIN FUNCTIONING. FRIENDS AND FAMILY LEAVE OR DIE. GENERAL HEALTH FAILS. NO ONE SEEMS TO CARE ANYMORE. OF ALL THE DISORDERS DISCUSSED IN THIS MODULE, DEPRESSION IS THE MOST COMMON. IT CAN EVEN BECOME A LIFE - THREATENING PROBLEM.

THE DEPRESSED PERSON MAY HAVE LEARNED TO FEEL HELPLESS AND SAD MANY YEARS AGO.

THEY ARE CONVINCED OF THEIR LACK OF CONTROL IN A SITUATION. WITH ANY NEW EVENT THEY JUST FEEL MORE HOPELESS AND HELPLESS. ANY CHANGE IN LIFE BRINGS A FRESH BOUT OF DEPRESSION.

OTHER DEPRESSED PEOPLE ARE ANGRY PEOPLE, BUT KEEP IT ALL INSIDE. FOR SOME REASON THEY ARE UNABLE TO EXPRESS THEIR ANGER. THE SILENT ANGER MAY BE TOWARD A PERSON, AN EVENT IN LIFE, A DISEASE, ...OR SOME OTHER REASON. THIS UNEXPRESSED ANGER IS PERHAPS EVEN UNRECOGNIZED BY THE INDIVIDUAL. AWARE OF IT OR NOT, THE PERSON IS PLAGUED BY FEELINGS OF MISERY AND HOPELESSNESS.

Of course there may be a physical reason for depression and feelings of sadness. This is discussed in the other sections of this module.

Whatever the reasons for the depression, the person is helpless to cast off the feelings of sadness. His or her "state of mind" is very real. A depressed individual also is in need of help in dealing with this problem.

SUMMARY

The first topic reviewed was Cognitive Functions. Generally, intelligence, learning ability and memory do not decline in old age. It is important to remember however, that with normal aging the individual is less able <u>to receive and process information</u> effectively. The main reasons for this, though not always obvious, are physiological in nature as discussed in the Physiological Aspects of Aging Module. Still the ability to think, reason, and argue remain true and present. The older adult may be slower at these functions but often, with time and the years of experience and wisdom behind them, they are just as sucessful.

Finally, suggestions of ways to cope and adjust to changes pointed to the need for <u>continuing learning</u> (learning to learn throughout life). The underlying

MOTTO WAS: USE IT OR LOSE IT!

AGE ALONE IS NOT THE CULPRIT RESPONSIBLE FOR DECREASED BRAIN ACTIVITY OF THE OLDER ADULT. DECREASED MENTAL ACTIVITY SEEN IN SOME OLDER ADULTS IS THE RESULT OF DISEASE AND DEPRESSION. THE DISEASE USUALLY STARTS IN YOUNGER YEARS BUT HAS ITS WORST EFFECT AS OLD AGE SETS IN.

SOME DISEASES ARE ORGANIC IN NATURE. BRAIN CELL DESTRUCTION OCCURS IN ALZHEIMER'S, HUNTINGTON'S CHOREA, AND ALCOHOL BRAIN DISEASE. THEY PRODUCE CONFUSION, MEMORY LOSS, AND ABNORMAL CONDUCT, AND EVENTUALLY END IN DEATH.

OTHER DISEASES ARE PSYCHOTIC, DUE TO ABNORMAL BRAIN WORKINGS. SCHIZOPHRENIA IS AN EXAMPLE OF AN DISORDER THAT APPEARS TO BE INHERITED. PEOPLE WITH PSYCHOTIC DISORDERS MAY HAVE HALLUCINATIONS. THEY DO NOT MAKE SENSE, ARE PARANOID, DISPLAY INAPPROPRIATE BEHAVIORS AND/OR EMOTIONS, AND ARE LONELY.

PERSONALITY DISORDERS WERE ALSO DISCUSSED. INDIVIDUALS AFFLICTED WITH THIS TYPE OF DISORDER ARE SEEMINGLY NORMAL IN BRAIN CELL STRUCTURE AND WORKINGS BUT THEY HAVE LEARNED ABNORMAL BEHAVIOUR PATTERNS. ALCOHOLISM AND DRUG ADDICTION WERE TWO EXAMPLES GIVEN THAT CAUSE THE GREATEST PROBLEMS FOR THE OLDER ADULT.

ANXIETY DISORDERS ARE LEARNED RESPONSES THAT MAKE THE PERSON ANXIOUS, TIMID AND TENSE. THESE INDIVIDUALS

HAVE LEARNED TO BE AFRAID OF LIFE.

THE LAST CATEGORY REVIEWED WAS DEPRESSION. IT TOO IS NOT RESTRICTED TO OLDER ADULTS'. IT IS HOWEVER, THEIR COMMON COMPANION. ITS SOURCE MAY BE ANGER OR HELPLESSNESS.

THE PURPOSE OF THIS MODULE WAS TO CAST LIGHT ON WHY SOME PEOPLE BEHAVE THE WAY THEY DO. THE OLDER ADULT WHO IS CONFUSED AND CHILDISH IS NOT SOMEONE TO BE TEASED OR LAUGHED AT. THE DEPRESSED PERSON CANNOT SHRUG OFF SADNESS AND BE JOLLY. THE VICTIM OF ORGANIC BRAIN DISEASE NEEDS UNDERSTANDING AND HELP JUST AS MUCH AS THE INJURED YOUNG PERSON IN A BODY CAST.

MEDICATIONS AND SPECIAL COUNSELLING CAN FREQUENTLY REDUCE OR SLOW DOWN THE PERSON'S PROBLEMS OF BRAIN DISEASE OR DYSFUNCTION. IT IS A SPECIALIZED AREA OF HEALTH CARE AND CANNOT BE DONE BY THE AMATEUR.

PEOPLE WORKING WITH SUCH OLDER ADULTS NEED TO UNDERSTAND WHAT IS HAPPENING AND WHY THEY DO WHAT THEY DO. TOLERANCE, CALMNESS, AND HONESTY ARE GOOD TRAITS TO HAVE WHEN WORKING WITH CONFUSED OR DISORIENTED OLDER ADULTS. SUCH INDIVIDUALS' ARE NEITHER TO BE PITIED NOR LAUGHED AT. THEY NEED YOUR INFORMED SUPPORT, POSITIVE COMMUNICATION, RESPECT FOR THEIR ILLNESS, AND GENUINE UNDERSTANDING.

APPENDIX

Selected Readings

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Additional Resources

Place: Centre On Aging
338 Isbister Building
University of Manitoba
Winnipeg, Manitoba, R3T 2N2

Loneliness amongst the elderly

Description: Relevant research presented by Dr. Dan Perlman, Department of Psychology, University of Manitoba. Implications for the community presented by Jeanette Block, Director, Social Services, Seven Oaks General Hospital, Winnipeg, May 5 1983. Format: Audiotape.

Alzheimer's disease and related issues

DescriptionN: Community concern presented by Cal Shell, Manitoba Chapter of the Alzheimer Society. Researcher's response presented by Dr. Gary Hawryluk, Department of Psychiatry and psychology, University of Manitoba, May 5, 1983. Format: Audiotape.

Place: National Film Board of Canada
245 Main St.
Winnipeg, Manitoba, R3C 1A7

Memory - Come to Think of It

Description: Research indicates that we do indeed have two types of memory, long and short term. This film looks at the memory storage system, a mystery which has puzzled scientists for centuries. With the latest techniques we are getting a little closer to solving one of the mysteries of the brain. From The Nature of Things series.

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Acknowledgements

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ADDITIONAL TRANSPARENCY SLIDES WERE MADE AVAILABLE BY:

MANITOBA DEPARTMENT OF HEALTH, HOME ECONOMICS
MANITOBA HEART FOUNDATION

TITLES OF THE TRAINING PROJECT'S MODULES

BLOCK A: BASIC KNOWLEDGE OF AGING PROCESS

A.1 PROGRAM PLANNING FOR OLDER ADULTS
A.2 STEREOTYPES OF AGING
A.3 HUMAN DEVELOPMENT ASPECTS OF AGING
A.4 SOCIAL ASPECTS OF AGING
A.5 PHYSIOLOGICAL ASPECTS OF AGING
A.6 DEATH AND BEREAVEMENT
A.7 PSYCHOLOGICAL ASPECTS OF AGING
A.8 CONFUSION AND THE OLDER ADULT
A.9 NUTRITION AND THE OLDER ADULT
A.10 LISTENING AND THE OLDER ADULT

BLOCK B: CULTURAL GERONTOLOGY

B.1 UKRAINIAN CULTURE
B.1.1 COMMUNICATION AND ADJUSTMENT
B.1.2 COMMUNICATION AND ADJUSTMENT

B.2 GERMAN CULTURE
B.2.1 COMMUNICATION AND ADJUSTMENT

B.3 FRENCH CULTURE
B.3.1 COMMUNICATION AND ADJUSTMENT

B.4 NATIVE CULTURE
B.4.1 COMMUNICATION AND ADJUSTMENT
B.4.2 COMMUNICATION AND ADJUSTMENT

BLOCK C: WORK ENVIRONMENT

C.1 WORK ENVIRONMENT I

NOTE: MOST MODULE'S ARE AVAILABLE IN TWO FORMATS:

A) PRINT FORMAT

OR

B) INTERACTIVE VIDEO (COMPUTER ASSISTED TELEVISION) FORMAT

RESOURCE MATERIALS:

HANDBOOK OF SELECTED CASE STUDIES
USER'S GUIDE